Introduction

Background of Children and Adolescents' Mental Health

The recognition that children and adolescents suffer from mental illness is a relatively recent occurrence. Throughout history, childhood was considered a happy period. Children were not thought to suffer from mental disorders or emotional distresses, due to the notion that they were spared the stresses that afflict most adults (American Psychiatric Association, 2002). It is now well recognized that these disorders are not just a stage of childhood or adolescence, but are a result of genetic, developmental, and physiologic factors.

Research conducted in the 1960s has revealed that children suffer from mental disorders (American Psychiatric Association, 2002). It was not until the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* of the American Psychiatric Association in 1980 that child and adolescent mental disorders were assigned a separate and distinct section within the classification system (National Institute of Mental Health, 2001). The development of treatments, services, and methods for preventing mental disorders in children and adolescents has also gradually evolved over the past several decades.

The National Alliance for the Mentally Ill (NAMI) defines mental illness as a disorder of the brain that may disrupt a person's thinking, feeling, moods, and ability to relate to others (NAMI, 2005). Mental disorders and mental health problems appear in families of all social classes and backgrounds. However, there are children who are at greatest risk due to other factors. These include physical problems, intellectual disabilities (mental retardation), low birth weight, family history of mental and addictive disorders, multigenerational poverty, and caregiver separation or abuse and neglect (U.S. Department of Health and Human Services, 1999). Table 1 outlines the risk factors associated with children's mental health disorders.

Table 1

Risk Factors Related to Children's Mental Health

- Biological Influences
- Psychosocial Influences
- Family and Genetic Factors
- Stressful Life Events
- Childhood Maltreatment
- Peer and Sibling Influences

Source: Austin/Travis County Community Action Network. *Risk Factors Related to Children's Mental Health*, 2006.

To date, child and adolescent mental health has emerged as a distinct arena for service delivery, drawing on the philosophies and practices that characterize other childhood fields, such as early intervention (Woodruff et al., 1999). With the increased attention given children's mental health

and the development of systems of care for children with serious emotional disorders and their families in the last two decades, mental health is emerging as a new focus in the field of early childhood (Woodruff et al.). Family members, practitioners, and researchers are becoming increasingly aware that mental health services are an important and necessary support for young children who experience mental, emotional, or behavioral challenges, as well as for their families.

Prevalence of Mental Disorders in Children and Adolescents

According to the President's New Freedom Commission on Mental Health, childhood is a critical time for the onset of behavioral and emotional disorders (New Freedom Commission on Mental Health, 2003). The Center for Mental Health Services estimates that 11% of children in the United States have at least one significant mental illness accompanied by impairment in home, school or peer contexts (U.S. Department of Health and Human Services, 2001).

According to the National Institute of Mental Health (NIMH), half of all lifelong cases of mental illness begin by the age 14 (Archives of General Psychiatry, as cited by the NIMH, 2005). Moreover, it was noted that there were frequently long delays between the first onset of symptoms and when people seek and receive treatment. In addition, this study stated that an untreated mental disorder could lead to a more severe, more difficult to treat illness and to the development of co-occurring mental illnesses. Nearly half of all individuals with one mental disorder met the criteria for two or more disorders (NIMH, 2005).

According to InCrisis (2005), based on the 2000 U.S. Census Report and the Methodology for Epidemiology of Mental Disorders in Children and Adolescents (MECA) Study, 8.4 million U.S. children aged 9 to 17 have had a diagnosable mental or addictive disorder associated with at least minimal impairment. This translates to a prevalence of almost 21%, or one out of five children. Based on these estimates, 4.3 million youth suffer from a mental illness that results in significant impairments at home, at school, or with peers. Thus, there are 2 million children in the United States, or five percent, who experience extremely severe functional impairments. Table 2 includes information on the prevalence of specific mental health disorders in older children and adolescents.

Federal regulations also define a sub-population of children and adolescents with more severe functional limitations, known as serious emotional disturbance (SED) (InCrisis, 2005). The term "serious emotional disturbance" is used in a variety of federal statutes in reference to children under the age of 18 with a diagnosable mental health problem that severely disrupts their ability to function socially, academically, and emotionally (InCrisis). Children and adolescents with SED number approximately five to nine percent of children ages 9 to 17 (Friedman, as cited by InCrisis).

As cited by Virginia's Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS, 2005) and the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* (American Psychiatric Association, 2000), SED meets the following specific functional criteria:

- Problems in personality development and social functioning that have been exhibited over at least one year's time;
- Problems that are significantly disabling based on social functioning of most children of the child's age;
- Problems that have become more disabling over time; and
- Service needs that require significant intervention by more than one agency.

Table 2

Children and Adolescents
Ages 9 to 17
with Mental or Addictive Disorders*

Based on MECA Sample

Disorders*	Prevalence
Anxiety disorders	13.0%
Mood disorders	6.2%
Disruptive disorders	10.3%
Substance use disorders	2.0%
Any disorder	20.9%

*Disorders include diagnosis-specific impairment and Child Global Assessment Scale <or=70 (mild global impairment).

Source: Shaffer, as cited by InCrisis, 2005.

DMHMRSAS estimates that between 92,346 and 110,815 Virginia children and adolescents have SED, with between 55,407 and 73,877 exhibiting extreme impairment (2005). In addition, 67,477 Virginians (age 6 and older) have mental retardation and 18,116 infants, toddlers, and young children (birth to age 5) have developmental delays requiring early intervention services (DMHMRSAS).

According to DMHMRSAS (2005), some children may also be "at risk" of developing SED. These at-risk youth are characterized by at least one of the following:

- The child exhibits behavior or maturity significantly different from most children of the child's age and is not due to a developmental disability or to mental retardation; or
- Parents or persons responsible for the child's care have predisposing factors themselves, such as inadequate parenting skills, substance use disorder, mental illness, or other emotional difficulties, that could result in the child's developing serious emotional or behavior problems; or
- The child has experienced physical or psychological stressors.

Meeting the Need for Treatment

Acknowledgment of children's and adolescents' mental health needs has prompted further study of the specific disorders that plague this group, as well as the interventions utilized for treatment. Increased activity in this area can be attributed to the document *Mental Health: A Report of the Surgeon General* (1999). This report includes a chapter on children and adolescents and is the first such report to reference mental health needs of children. A follow-up effort was released one year later, entitled *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* (2000). This publication set the tone for policy and research in children's mental health.

The Surgeon General's 1999 Report outlines the importance of mental health in children and the view that the treatment of mental disorders should be a major public health goal. In *National*

Action Agenda, the Office of the Surgeon General asserted that three steps must be taken to improve services for children with mental health needs: improving early recognition and appropriate identification of disorders within all systems serving children; improving access to services by removing barriers faced by families; and closing the gap between research and practice, ensuring evidence-based treatments for children (U.S. Department of Health and Human Services, 1999).

The Surgeon General's 1999 Report also specified the need for utilizing scientific evidence for mental disorders and describes a system plagued by treatment barriers, including stigma, discriminatory health insurance practices, and the unavailability of appropriate services. Other guiding principles are that 1) families should be involved as full participants in all aspects of the planning, delivery and evaluation of services and supports and 2) treatments should be sensitive and responsive to racial, ethnic, linguistic and cultural differences. Other important features include improving or remedying environmental factors that put children at risk for developing mental, emotional, or behavioral problems.

Another federal initiative that is closely aligned to the philosophy and findings set forth in the Surgeon General's Report is the National Institute of Mental Health's (NIMH) *Blueprint for Change: Research on Child and Adolescent Mental Health* (2001).

Although awareness of children's mental health issues has evolved, knowledge about treatments is still emerging. According to the American Psychiatric Association (2002), 12 million American children suffer from mental illness; however, only one in five receives treatment.

There has been little research that estimates the burden of mental illness in children and adolescents (NIMH's Meeting Summary on Preventing Child and Adolescent Mental Health Disorders, 2004). In 1998, the direct costs for the treatment of child mental health problems (both emotional and behavioral) were approximately $11.75 billion or $173 per child (Sturm et al., Ringel & Sturm, as cited by NIMH, 2004). This study pointed out that one of the many reasons why national health expenditures for child/adolescent mental disorders are difficult to estimate is that mental health services are delivered and paid for in the health, mental health, education, child welfare, and juvenile justice sectors and that no comprehensive national datasets exist in this area.

Further, indirect costs associated with mental illness (i.e., future lost wages because of lower educational attainment) were not included in the study. However, this important study noted that child and adolescent preventive interventions have the potential to reduce significantly the economic burden of mental illness, in that preventive services reduce the need for mental health and connected services. Such interventions can also improve school readiness, health status, and academic achievement, as well as reducing the need for special education services (National Institute for Health Care Management, 2005). Additionally, an increase in the benefits of positive developmental outcomes, such as educational attainment and economic productivity, along with a decrease in welfare dependency, also increase societal savings (National Institute for Health Care Management).

Without appropriate treatment, childhood mental health disorders can escalate. Seventy-four percent of 21 year olds with a diagnosed mental health disorder were reported to have had prior difficulties (InCrisis, 2005). Untreated childhood mental health disorders may also be precursors of school failure, involvement in the juvenile justice system, and/or placement outside of the home. Other serious outcomes include destructive, ambiguous, or dangerous behaviors and mounting

parental frustration. The resulting cost to society is high in both human and financial terms. Discovering a child's serious emotional disturbance early and ensuring that the child receives appropriate care can break the cycle (New Freedom Commission on Mental Health, 2003).

The efforts of the Office of the Surgeon General encourage further testing and refining of programs in a real-world context. A preventive and developmental approach to children's mental health problems must be taken. While many programs try to provide coordinated care for children with mental health needs, the children's mental health system remains splintered. The principle that mental health is an essential part of children's health is emphasized throughout the *National Action Agenda* report.

Challenges to Ascertaining Effective Treatments

Until recently, most research on mental health treatment has focused on adults. However, researchers are starting to focus on mental health disorders in treatment, ascertaining what is normal and abnormal, compared with stages of childhood development (Grayson, 2004). Goals of such research include prediction and prevention of developmental problems that may lead to mental illness in children (Grayson). Identifying key risk factors is crucial in determining what may have the potential to increase a child's chances of developing mental health disorders. When treated appropriately, children with mental health disorders can successfully control the symptoms (Grayson).

Sources

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Additional Resources

U.S. Department of Health and Human Services

Mental Health: A Report of the Surgeon General
http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec6.html

Virginia Commission on Youth

House Document 23, Youth with Emotional Disturbance Requiring Need of Out-of-Home Placement (2002)
http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/HD232002/$file/HD23_2002.pdf

Organizations/Weblinks

American Academy of Child & Adolescent Psychiatry (AACAP)

http://www.aacap.org/clinical

Mental Health America of Virginia
http://www.mhav.org/home.html

National Alliance for the Mentally Ill (NAMI)
National: http://www.nami.org/helpline
Virginia:
http://www.nami.org/MSTemplate.cfm?Section=Homepage60&Site=NAMI_Virginia&Template=/ContentManagement/ContentDisplay.cfm&ContentID=51980

National Institute for Mental Health
http://www.nimh.nih.gov/publicat/violence.cfm

Technical Assistance Partnership for Child and Family Mental Health
http://www.tapartnership.org

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